



STATE OF DELAWARE  
CANDIDATE FILING FORM

Date \_\_\_\_\_

I, \_\_\_\_\_, residing at the following address  
*Please type or print your correct and proper name*

House # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
*Mailing address if different from home address*

hereby file as a candidate of the \_\_\_\_\_ Party for the Office  
of \_\_\_\_\_ District # \_\_\_\_\_

\_\_\_\_\_  
*Sign your correct and proper name*

\_\_\_\_\_  
*DOB*

\_\_\_\_\_  
*Telephone number*

\_\_\_\_\_  
*E-mail Address (Optional)*

\_\_\_\_\_  
*Web Page Address (Optional)*

Form must be notarized if it is not completed in the presence of an election official. Candidates for Statewide Offices are to file at the State Election Commissioner's Office, and all other candidates should file at the Department of Elections Office for their county. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

**For Office Use Only**

\_\_\_\_\_  
Please print name as it will appear on ballot.

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Check # \_\_\_\_\_

Total Filing Fee \_\_\_\_\_

**Notary Information**

Subscribed and sworn to before me on the following date:

\_\_\_\_\_  
**Notary Public Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Please Copy Check Below